

Permit #



Solar Building Permit Application

Building Division Phone (970) 498-7700

This application is to be used to apply for the following permits only:

- | | |
|--|---|
| <input type="checkbox"/> Photovoltaic Solar (PV) | <input type="checkbox"/> Thermal Solar (Hot Water System) |
| <input type="checkbox"/> Roof Flush Mount | <input type="checkbox"/> Roof Mount & Elevated |
| <input type="checkbox"/> Ground Mount | <input type="checkbox"/> Battery Install <u>Only</u> (Office: Residential Alteration) |
| <input type="checkbox"/> BIVP (Building-Integrated Photovoltaics) Solar Shingles | |

Complete all applicable information on the application. Incomplete applications will not be accepted.

Job Site Address: _____ **City/State/Zip** _____

Estes Park Info:

*If your service provider is Estes Park, you must apply with Estes Park Utilities as well.

*For Roof Mount Solar in the Estes Valley, there may be additional requirements from the Estes Valley Fire Protection District. Please call 577-3689.

Property Owner Information

Name: _____
Mailing Address _____ City/State/Zip _____
Email: _____ Phone _____

Contractor Information

Contractor Name & Business _____
Mailing Address _____
Email Address _____ Phone _____

Licensed Plumber Name _____ Email _____
License Number _____ Phone _____

Licensed Electrician Name _____ Email _____
License Number _____ Phone _____

Work Description

Number of Modules _____ Service Provider _____
Valuation \$ _____

Is this a residential or commercial project?

☐ Residential

☐ Commercial

Building Type:

☐ Single Family Home

☐ Duplex

☐ Manufactured Home

☐ Barn

☐ Shed

☐ Garage

If commercial, list building type: _____

I hereby acknowledge that I have read this application and state that the above information is complete and correct. I agree to comply with all requirements contained herein and remain in strict compliance with all the provisions of the Land Use Code, Building Code, and Health and Plumbing Regulations of the County of Larimer.

Applicant Name: _____ Signature _____ Date _____